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Dear Healthcare Provider:

Re: **FALL 2012 IMMUNIZATION UPDATE**

The following immunization-related topics are included in the Fall 2012 Immunization Update:

- 2012 – 13 Seasonal Influenza Recommendations
- Pneumococcal Conjugate Vaccine (PCV13) Recommendations for High-Risk Adults
- New VariZIG Recommendations
- MenHibrix
- Vaccine Shortages
- California Health Alert Network (CAHAN)
- Communicating with Vaccine – Hesitant Parents

### **2012 – 13 Seasonal Influenza Recommendations**

In August 2012, the Advisory Committee on Immunization Practices (ACIP) published recommendations for the 2012 – 13 influenza season. As in previous years, ACIP recommends universal influenza (flu) vaccination for all persons aged 6 months and older.

### **Changes to Previous Recommendations**

The ACIP's 2012 – 13 influenza season recommendations are consistent with recommendations from the 2011 – 12 influenza season with the following two exceptions.

- **2012 – 13 Influenza Vaccine Strains**  
The antigens for the 2012 – 13 season have been changed. The *A/California/7/2009 (H1N1)-like antigen* used in previous years remains in this season's vaccine. However, the second A antigen and the B antigen have been changed to the *A/Victoria/361/2011 (H3N2)* and *B/Wisconsin/1/2010-like viruses* respectively.
- **Recommendation for Vaccinating Children 6 Months through 8 Years of Age**  
This season, as in past flu seasons, children aged 9 years and older will only need 1 dose of influenza vaccine, while some children aged 6 months through 8 years of age will need two doses to optimize their immune response to vaccination.

The ACIP wants to ensure that all children 6 months through 8 years of age have received at least 2 doses of 2009 (H1N1) - containing vaccine (2009 monovalent H1N1 vaccine, 2010 – 11 seasonal influenza vaccine or 2011 – 12 seasonal influenza vaccine). Two doses of H1N1 – containing vaccine will ensure that children in this age group are adequately protected against this strain of influenza.

Thus, if this is the first season of flu vaccination for a child 6 months through 8 years of age, the child should receive 2 doses of flu vaccine. Children aged 6 months through 8 years need only 1 dose of flu vaccine in 2012 – 13 if they have received any of the following:

- 2 or more doses of seasonal influenza vaccine since July 1, 2010 or
- 2 or more doses of seasonal influenza vaccine before July 1, 2010 and 1 or more doses of monovalent 2009 (H1N1) vaccine or
- 1 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of seasonal influenza vaccine since July 1, 2010.

Children aged 6 months through 8 years, for whom one of these conditions is not met or for whom flu vaccination history is not available require 2 doses in 2012 – 2013.

A complete copy of the 2012 – 13 recommendations can be found at  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6132a3.htm>

## **NEW IMMUNIZATION RECOMMENDATIONS AND UPDATES**

### **Pneumococcal Conjugate Vaccine (PCV 13) Recommendations for High – risk Adults**

In October 2012, ACIP published recommendations for use of PCV13 (Pneumovax) in addition to 23-valent pneumococcal polysaccharide vaccine (PPSV 23, Pneumovax) for adults 19 years and older with certain high-risk conditions. Adults with sickle cell disease/other hemoglobinopathies, congenital or acquired asplenia, congenital or acquired immunodeficiencies, HIV infection, chronic renal failure, nephrotic syndrome, leukemia, lymphoma, Hodgkin's disease, generalized malignancy, iatrogenic immunosuppression, solid organ transplant, multiple myeloma, cerebrospinal fluid (CSF) leaks, or cochlear implants should receive PCV13 in addition to PPSV 23. The recommendation for administration of PCV13 differs for persons previously vaccinated with PPSV23 compared to those who have never received the vaccine.

<b>Recommendations for persons who have received PPSV</b>	<b>Recommendations for persons who have <u>not</u> received PPSV</b>
<ul style="list-style-type: none"><li>• Administer 1 dose of PCV13 one or more years after PPSV23</li></ul>	<ul style="list-style-type: none"><li>• Administer 1 dose of PCV13 followed by PPSV23 eight (8) weeks later</li></ul>
<ul style="list-style-type: none"><li>• If an additional dose of PPSV is required it can be given at least 8 weeks after the PCV13 and at least 5 years after the last PPSV23</li><li>• <b>Note:</b> a second dose of PPSV is not required for persons with cochlear implants or CSF leaks until age 65 or older.</li></ul>	<ul style="list-style-type: none"><li>• Administer a 2<sup>nd</sup> dose of PPSV 5 years later.</li><li>• <b>Note:</b> a second dose of PPSV is not required for persons with cochlear implants or CSF leaks until age 65 or older.</li></ul>

Details of the new recommendations can be found on the CDC website at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm#pcv>. In addition, the CDC's most recent Net Conference contains an in depth review of the new PCV13 recommendations.

To view the broadcast, visit their website at <http://www.cdc.gov/vaccines/ed/ciinc/#next>.

### **VariZIG Recommendations for Post-exposure Prophylaxis of Varicella**

The Food and Drug Administration has approved a new timeline for administering VariZIG to non-immune high-risk patients exposed to varicella. The period after exposure to the varicella zoster virus during which such persons can receive VariZIG has been extended to 10 days, instead of the previous 4-day limit. Although the timeline has been extended, VariZIG should be administered as soon as possible after exposure to maximize efficacy.

More information on VariZIG and recommendations for use can be found at [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6112a4.htm?\\_cid=mm6112a4\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6112a4.htm?_cid=mm6112a4_w)

### **FDA Approves New Meningococcal + *Haemophilus* Influenza Type B Combination Vaccine**

In June 2012, the Food and Drug Administration (FDA) approved a combination meningococcal and *Haemophilus influenza type B* vaccine called MenHibrix. MenHibrix is indicated for the prevention of invasive disease caused by *Neisseria meningitides*, serogroups C and Y, and *Haemophilus influenzae* type b and is approved for use in children 6 weeks through 18 months of age.

The ACIP recently voted to recommend MenHibrix for infants at high risk for meningococcal disease, including infants with persistent complement pathway deficiencies and infants with anatomic or functional asplenia, including sickle cell anemia. Infants residing in communities with outbreaks of meningococcal serogroups C and Y can, also, receive the vaccine.

The vaccination schedule for MenHibrix will consist of doses at 2, 4, 6 and 12 through 15 months of age. The provisional ACIP recommendations should be published in the next few months.

More information on this new combination vaccine can be found at <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm308566.htm>

### **Daptacel and Pentacel Shortages**

Sanofi Pastuer recently announced that supplies of Daptacel (DTaP) and Pentacel (DTaP + IPV + Hib) are limited and will remain so until March 2013. However, supplies of Pediarix (DTaP + Hep B + IPV), as well as single-antigen DTaP, Polio, and Hib vaccines are sufficient to meet the demands of providers.

The Vaccine for Children (VFC) training website EZIZ contains tools to assist providers in transitioning from Pentacel to Pediarix. This information can be found on the EZIZ website at <http://eziz.org/assets/docs/IMM-922P.pdf> and <http://eziz.org/assets/docs/IMM-922.pdf>

### **California Health Alert Network (CAHAN)**

In recent months, the Los Angeles County Department of Public Health (LACDPH) has issued several health alerts to inform physicians and other health care providers about disease outbreaks in the community. The alerts, issued through the California Health Alert Network (CAHAN), provide clinicians with timely information and guidance regarding significant public health incidents and public health emergencies. The CAHAN system is the official public health alerting system of both the California Department of Public Health (CDPH) and LACDPH. CAHAN is a secure, web-based system that is available to participants 24 hours each day.

Physicians and the medical community are key partners in the department's efforts to protect the health and safety of Los Angeles County residents. Participation in CAHAN will ensure that the medical community remains informed and receives critical public health information.

To enroll in CAHAN, please email the department's Health Alert Coordinator, Aizita Magaña at [hanhelp@ph.lacounty.gov](mailto:hanhelp@ph.lacounty.gov) or call (213) 637-3613. Please provide your name, title, health care facility name, and the e-mail address at which you would like to receive messages. You may also e-mail your request to CDPH at [cahaninfo@cdph.ca.gov](mailto:cahaninfo@cdph.ca.gov)

### **Communicating with Vaccine-Hesitant Parents**

Immunizations are considered to be one of the most effective preventative health measures in modern history. However, many parents remain hesitant when faced with the decision to vaccinate their children.

Healthcare providers continue to be a parent's most trusted source of information about vaccines and for that reason, it's important that healthcare providers take the time to discuss immunizations with parents and address their concerns. Healthcare providers should be well versed in all aspects of immunizations in order to answer questions and provide guidance.

The Immunization Program has developed a new webpage with important information to help physicians prepare for conversations with vaccine-hesitant parents. The website also contains information for parents to help them make an informed decision regarding the vaccination of their child. To view the website, log on to the Immunization Program web page at <http://publichealth.lacounty.gov/ip/index.htm> and click on the "Talking to Patients about Vaccine Safety" web button.

### **New Vaccine Information Statements**

The following Vaccine Information Statements (VIS) have been updated and can be downloaded for use: MMR (4/20/12), Typhoid (5/29/12), and Influenza (07/02/12). As a reminder, the most current version of the VIS should be given to the parent/patient prior to administering vaccine. Current versions in various languages can be downloaded from the Immunization Action Coalition website at <http://www.immunize.org/vis/>.

Please forward this update to the appropriate staff in your organization. If you have any questions or concerns, you may contact our main office at (213) 351-7800 or visit our website at [www.publichealth.lacounty.gov/ip](http://www.publichealth.lacounty.gov/ip).

Sincerely,

A Nelson El Amin, M.D., M.P.H.  
Medical Director

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